Exhibit 4

YesCare
Say Yes To Exceptional Care

Nursing Encounter Tools (NETs)
Gastrointestinal (GI)
(GI Bleed Suspected/Lower GI Symptoms/Abdominal Pain-Male and Female/Nausea Vomiting)

THIS TOOL IS NOT INTENDED TO REPLACE THE IMMEDIATE URGENT/EMERGENT CARE NEEDS OF ABC'S/BLS

DEMOGRAPHICS/VITAL SIGNS

Facility name: Holman | Location seen: MCU-Shift | Date seen: 1/18/24 | Time seen: 1610

Patient name: Last: Smith | First: Kenneth | MI: | ID#: 2512 | DOB: 7/4/[illegible] Age:

Vital signs: T: 97.3 | P: 96 | R: 18 | BP: 161/85 | Pulse Ox 98% ☐RA ☐O2: /lpm | Wt 218 ☒Actual ☐Reported

*Notify provider: *T<97.8->100.3 | *P<60->110 | *R<12->20 | *BP <90/60->145/95 | *Pulse Ox<92%

☐ No known allergies ☒ Allergies: Clindamycin

Chronic care clinic: ☒Y ☐N What clinic(s): HTN, HLD, DM, HTG, Obesity, GERD, Chronic Migraine

SUBJECTIVE

CHIEF COMPLAINT: N/V/D x 2wks
Onset date: _____ Time: _____
Have you had this problem before ☐N ☒Y, if yes describe below:
Describe: intermittent
Close contact with someone who had/has the same symptoms: ☒N ☐Y, person(s): _____
Trauma ☒N ☐Y, describe: _____

ASSOCIATED FACTORS:
Pain scale now 0 10 at worst 10
Location of pain ☐RUQ ☐RLQ ☐LUQ ☐LLQ Generalized
☐Constant ☐Intermittent ☒Cramping ☐Burning
☐Dull ☐Sharp ☒Radiating
What makes it better: _____
What makes it worse: _____
Pain induced/increased with walking/movement ☐Y ☒N N/A
Last solid intake Date: 1/18/24 Time: 1600
Last liquid intake Date: 1/18/24 Time: 0100
Recent unintended weight changes ☐Loss, ___ lbs. ☐Gain, ___ lbs.
☐Excessive thirst ☐Excessive hunger ☒Nausea
☒Vomiting ☐Coffee grounds *(Upper GI bleed)* ☐Bloody ☐Green
Vomiting frequency/duration: _____
Last BM, date: 1/18 ☒Brown ☐Tan
☐Bloody ☐Black/tarry *(Lower GI bleed)*
☐Constipation, how long: _____ ☐Diarrhea, how often: _____
Urine color ☐Yellow ☐Brown *(Urgent)* ☐Bloody N/A
☐Excessive urine output ☐Painful urination ☐Difficulty urinating
☐Alcohol use, years/drinks per day: _____
☐Drug use, type/frequency: _____

PERTINENT MEDICAL CONDITIONS:
☐Heartburn/GERD ☐Peptic ulcer ☐Crohn's GERD
☐Gallstones ☐Colitis ☐Celiac disease
☐Diverticulitis ☐Pancreatitis ☐End stage liver disease
☐Hernia or history of, when: _____
☐GI bleed treatment: _____ Date: _____
☐Abdominal surgery: List: _____ Date: _____
☐Appendectomy ☐Kidney stones ☐Cardiovascular disease
☐Diabetes ☐Stroke ☐CHF ☐Hepatitis history
☐Pregnant ☐History of ovarian cysts ☐History of PID
☐Tobacco use _____/yrs. _____/ppd (packs per day)

MEDICATIONS:
☐ASA/NSAIDS, how long: ___ ☐Anticoagulants ☐Steroids
☐GI meds ☐Iron
☐New medication(s) within the past 30 days?
What medication(s): _____

OBJECTIVE

GENERAL APPEARANCE:
☐Distressed ☐Calm ☐Agitated ☒Anxious
Observation of patient while walking ☐Grimacing
☐Able to stand erect ☐Abnormal gait
Other: _____

RESPIRATORY/BREATHING:
Breathing ☒Normal ☐Labored ☐Tachypneic ☐Bradypneic
☐Stridor *(Emergency)* ☐Wheezing ☐Accessory muscle use
☐Cough ☐Sputum production, color/consistency: _____
Right lung ☒Clear ☐Wet ☐Diminished ☐Absent *(Emergency)*
Left lung ☒Clear ☐Wet ☐Diminished ☐Absent *(Emergency)*
Other abnormal findings: N/A

ABDOMEN:
Fully examine anatomical areas of subjective complaint to include: Epigastric, periumbilical, and suprapubic
Bowel sounds present ☐RU ☐LU ☐LL ☐RL ☒Normal
☐Absent bowel sounds, quadrant: _____ *(listen for full 5 minutes)*
☐Hypoactive ☐Hyperactive ☐High pitched ☐Rebound tenderness
If absent identify area(s): _____
☒Soft ☐Rigid ☐Distended ☐Mass ☐Tender
☐Visible bulges, describe: _____
Other abnormal findings: None

CARDIAC:
Heart rate/rhythm ☒Regular ☐Irregular ☐Tachy ☐Brady
Pulse ☒Strong ☐Weak ☐Thready ☐Bounding
Abnormal sounds ☐Murmurs ☐Rubs ☐Clicks

SKIN: (Use Anatomical Figure NA0804 for details if needed)
☐Warm ☒Dry ☐Cool ☐Clammy/diaphoretic ☐Pale ☐Red
☐Bruising ☐Jaundice ☐Mottling ☐Blister ☐Rash ☐Bleeding
☐Scaly/cracking ☐Needle tracks ☐Lice ☐Mite tunnels
Describe rash and location: _____
Other abnormal findings: N/A

TESTS:
Finger stick blood sugar results: N/A (ALL)
UA dipstick results: _____ (ALL)
☐EKG (Diabetics, if available) Time: N/A
☐Scan sent to provider Time: N/A
FEMALES ☐uHCG results: _____ (ALL) ☐N/A, LMP: _____

Patient with suspected GI bleed perform orthostatic vital signs and perform Hemoccult test.

Orthostatic vital signs:
Lying: _____ Sitting: _____ Standing: _____
Hemoccult test ☐Pos. ☐Neg. ☐Unable to provide sample

NOTES/DOCUMENTATION:
C/O intermittent N/V/D x 2wks and Tarry stools

All significant negative and positive medical findings were documented

Nurse signature	Print/stamp	Date/time
M Hendrick RN	M Hendrick, RN	1/18/24 1618

YesCare
Say Yes To Exceptional Care

Nursing Encounter Tools (NETs)
Gastrointestinal (GI)
(GI Bleed Suspected/Lower GI Symptoms/Abdominal Pain-Male and Female/Nausea Vomiting)

Patient	Last	First	ID Number
	Smith	Kenneth	7 5 D

☐ EMERGENT INTERVENTION–*PROVIDER CONTACT REQUIRED*

If CPR or AED is initiated use Emergency Response Form (NA6291)

IF PATIENT IS EXPERIENCING AN EMERGENT CONDITION CONTINUE WITH EMERGENT INTERVENTIONS, ACTIVATE LOCAL EMS SYSTEM, AND PREPARE PATIENT FOR TRANSPORT

SCOPE OF PRACTICE GUIDELINES FOR YOUR STATE MUST BE FOLLOWED WHEN PERFORMING EMERGENT INTERVENTION

☐ Monitor the patient's vital signs
☐ Prepare patient for transport
☐ Recheck vital signs: Time: _____ Condition improved ☐ Y ☐ N
Pulse _____ R _____ BP ____/____ Pulse Ox _____ ☐ RA ☐ O2 ____lpm/via _____

Name of provider notified: _____ Time:_____ ☐ EMS notified time: _____ Arrival time: _____

COMMENTS/ORDERS:

☐ URGENT INTERVENTION-*PROVIDER CONTACT REQUIRED*

☐ Abnormal vital signs
☐ Temp <97.8->100.3
☐ Pulse <60->110
☐ Respiration <12->20
☐ B/P <90/60->145/95
☐ SpO2<92%
☐ Absent bowel sounds (Assessed for full 5 minutes)
☐ Distended or rigid abdomen
☐ Rebound tenderness ☐ Unable to stand erect
☐ Nausea/vomiting and/or diarrhea > 24 hours ☐ Bloody (black)/tarry stools ☐ Bloody/coffee ground emesis ☐ Brown or bloody urine
☐ Signs of respiratory distress ☐ Abnormal fingerstick (Diabetic <60 or >240, Non-diabetic <70 or >200)
☐ Abnormal dipstick UrA ☐ Positive uHCG ☐ Hemoccult result positive ☐ Unintended weight loss or gain (*possible cancer or CHF indicators*)
☐ Other describe: _____

Reviewed with provider: ☐ MAR ☐ Health record
☑ Seen by provider Name: Dr. Delgado Time: 1610
☐ Contacted provider Name: _____ Time: _____
☐ Contacted Behavioral Health Name: _____ Time: _____
Provider orders received ☐ Y ☐ N ☐ Read back provider orders

Provider orders:
Zofran Sig: BID X 7days 100/10p

Disposition ☐ Monitor/Observation (24 hour) ☐ Infirmary-level ☐ Other

ADDITIONAL COMMENTS/DOCUMENTATION:
1615 — Zofran 4mg ODT Sig — V.O. Zofran 8mg BID X 7days per Dr. Delgado. M Hendricks, RN

☐ NURSING INTERVENTION

CONTINUITY OF CARE
Seen By Dr. Delgado today
☑ No follow up required
☐ Referral to provider for current presenting complaint
☐ Referred to provider multiple visits for same complaint
☐ Referred to provider for evaluation of enrollment in CCC
☐ Nurse follow up scheduled
☐ Custody notified of special needs
☐ Referral to Behavioral Health
☐ Other: _____

NURSING INTERVENTION
REFER TO INTERVENTION GUIDE FOR AVAILABLE OTC MEDICATIONS
☐ OTC medication(s) given and documented in MAR

PATIENT EDUCATION
☑ Patient educated to contact medical if new symptoms develop or current condition symptoms worsen
☐ Written education provided ☑ Verbal education provided ☐ Patient educated on OTC medication(s)
☑ The patient demonstrates an understanding of self-care, symptoms to report, and when to return for follow-up care

ADDITIONAL COMMENTS/DOCUMENTATION:
C/O N/V/D x 2 weeks - intermittent - "I think it's anxiety" "will see greasy when I take buspar" Denies cramps, chronic bloody diarrhea.

All significant negative and positive medical findings were documented

Nurse signature	Print/stamp	Date/time
M Kenneth Smith RN	M Hendricks, RN	1/10/24 1614

Alabama Department of Corrections
Sick Call Request

Sick Call Request:

I'm vomiting and diarrhea have not stop.

(int): Kenny Smith AIS # I-512 Date of Birth 7-4-65

n: Holman B Housing Area: L-59 Date: 1-17-24

Form Collected by Health Staff: DB (initials) Title: CO Date: 1/18/24 Time: 0330

Triaged (check as appropriate):

Sick Call Nurse Encounter Not Required
(1) ____Referring to Chronic Care Manager
(2) ____Written Response/Instruction Being Provided

Nurse Sick Call Encounter Required
(1) ____Bring to HCU at this time for further evaluation
(2) ✓ **Evaluate** in next scheduled Nurse Sick Call Clinic

Title: Sharron Story-Cardwell, RN Date: 1/18/24 0330

Encounter (Nurse Evaluation Tool Completed):

_ Resolved by Nurse Encounter And Dr. Delgado saw pt @ sick call

2 ____ Referral for follow up required; to be scheduled

(a) ____ Medical Provider
(b) ____ Dental Clinic
(c) ____ Mental Health Services

ıy Fee Incurred:

$4.00 - Nurse

Housing no OTC charge

Chronic Disease Clinic Follow-Up

Inmate Name: Smith, Kenneth
Number: Z512 Institution: HCF

List chronic diseases:

1) HTN	3) Chronic Migraine	5)	
2) HLD	4)	6)	

Attach pharmacy profile or list current medications: Lisinopril 30mg qd, Prilosec 20mg, Buspar 15mg bid, Remeron 15mg hs, Prozac 20mg @ noon - Zyrtec 10mg hs, Tylenol 325mg #ii bid prn, Imitrex 50mg prn, Lopressor 50mg bid

Subjective: C/O nausea, diarrhea X 1 wk - vomited X1

Asthma: # attacks in last month?_______	Seizure disorder: # seizures since last visit? _______
# short acting beta agonist canisters in last month?_______	Diabetes mellitus: # of hypoglycemic reactions since last visit? _______
# times awakening with asthma symptoms per week?_______	Weight loss/gain ↓ (↑) 9 #lbs
CV/hypertension (Y/N): Chest pain? Ø SOB? Ø Palpitations? Ø	Ankle edema? Ø
HIV/HCV (Y/N): Nausea/vomiting? _______ Abdominal pain/swelling? _______	Diarrhea? _______ Rashes/lesions? _______

For all diseases, since last visit, describe new symptoms: [illegible] Nonsmoker [illegible] [illegible] "nervous"

Patient adherence (Y/N): with meds? Yes with diet? No with exercise? No Noncompliance counseling? No

Vital signs: Temp 97.4 BP 144/90 Pulse 84 Resp 18 Wt 231.8 O2 Sat 99% GNR No

PEFR #1 NA #2 NA #3 NA

Labs: Hgb A1C NA HIV VL NA CD4 NA Total Chol 244 LDL 157 HDL 45 Trig 209

Range of fingerstick glucose/BP monitoring: N/A

PE: A&O x3 [illegible] NAD [illegible]

HEENT/neck: [illegible]	Extremities: [illegible]
Heart: RRR [illegible]	Neurological:
Lungs: CTA [illegible]	GU/rectal:
Abdomen: +BS [illegible]	Other:

[illegible]

Assessment:

		Degree of Control: G	F	P	NA	Clinical Status: I	S	W	NA
1	HTN [illegible] diet	☒	☐	☐	☐	☐	☒	☐	☐
2	HLD - [illegible] Tx [illegible] refuses tx	☐	☒	☐	☐	☐	☒	☐	☐
3	Chronic Migraine: [illegible]	☒	☐	☐	☐	☐	☒	☐	☐
4	[illegible]	☐	☐	☐	☐	☐	☒	☐	☐
5	diet, [illegible] fluids [illegible]	☐	☐	☐	☐	☐	☐	☐	☐
6		☐	☐	☐	☐	☐	☐	☐	☐

Plan:

Medication changes: [illegible]

Diagnostics/Labs: [illegible]

Reviewed Lab/Procedures/Reports with pt. ☒ Yes ☐ No ☐ N/A Indicated Treatment Plan changes discussed: ☐ Yes ☐ No ☐ N/A

Monitoring: BP:______X day/week/month Glucose:_____X day/week/month/prn Peak flow:_________ Other: _________

Education provided: ☒ Nutrition ☒ Exercise ☒ Smoking ☒ Test results ☒ Medication management ☒ Other: HTN, HLD

Next Visit (days)?: ☐ 180 ☒ 90 ☐ 60 ☐ 30 ☐ Other: _______ Discharged from CCC (clinic name): [illegible]

HCV Treatment: Y (N) Missed doses: # NA (total) OHS ID Coordinator notified of noncompliance? Y (N) Date: [illegible]

Practitioner Level Provider Signature: [signature] Date: 1-9-24 Time: 1010

Smith Medical 2000016